

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SD | 75316 | 8/16/00 |
| O.I.P.E. CLASSIFIER | DF | 829 | 09/26/00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

Claim

Final

Original

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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